

SFSD ACT 48 EVALUATION FORM

Title		Presenter	
Date		Location	

A. Content	Yes	No	N/A	Comments
1. Activity was well organized				
2. Activity objectives were clearly stated				
3. Activities were relevant to objectives.				
4. All necessary materials/equipment/resources were provided or made readily available.				
B. Instruction				
1. The presenter was well prepared.				
2. The presenter was knowledgeable in the subject area.				
3. The presentation of the materials was clear.				
4. The presenter employed effective strategies or techniques.				
5. The presenter was professional and interacted effectively with participants.				

1. What did you expect to learn from the activity? _____

2. What did you learn from the activity? _____

3. What will you do differently as a result of the activity? _____

4. Additional Comments: _____

Name: _____

(Signature required for accreditation of Act 48 hours.)